

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1149

FILED FEB 21 1942

Registration District No. 274

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4917

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1308 E. 8th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Daniels infant

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Dec. 30th, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 hr. 0 min.

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

12. Name Orville Lee Daniels

13. Birthplace Arr. K. C. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Kelley Hugood

15. Birthplace St. Clair, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Lee Daniels

(b) Address 1308 E. 8th St.

17. (a) Burial (b) Date thereof 1-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Ketterlin (unhome)

(b) Address St. Clair, Mo.

19. (a) 2/24/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(c) 361

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-30-41, 1941, to 12-31-41, 1941;
that I last saw her alive on 12-31-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis of both lungs; hemorrhage in left adrenal

Due to 11/12

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm. R. Thomas (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.